	A ETHICS AND
FOR INSTRUCTIONS, SEE BACK OF F	AND
CHECK ONE:	TOTAL OTAL ENGLY
☐ This is an Initial* Statement of Organization	2010 MAY 19 PM_1: 11 DR-1 OF
VI I fils is an amended* Statement of Omenication	Reset Form (Rev. 10/2009) ORGANIZATION For Office Use Only
* Statement must be filed within 10 days of committee accepting incurring debts exceeding \$750. Amendments must be filed with the statement of	g contributions, meking expenditures, or Comm. #
Effective January 1, 2010, all statements and reports fled by the	unin 30 days of a change.
electronically and effective January 1, 2012, all statements and must be filed electronically.	reports filed by all committees for state office
Effective May 1, 2010, all statements and reports for State BAC	State Parity
TO THE PROPERTY OF A LA CANDIDATE'S COMMITTEE MUSE	t include the conditions to the transport of the
PLE CLI TOM HEIDENWIRTH FOR SUPERVISOR	COMMITTEE
THE THE PART OF SERVICE OF SERVIC	COMMITTEE
(MDODTANT, h.d., d.	
IMPORTANT: Indicate type of committee you are reporting	for: 5
(5)County Candidate (6)City Candidate (7)School Board	ndidate (2) Statewide PAC (3) State Party (4) County Central Committee d or Other Political Subdivision Candidate (8) County PAC (9) City PAC
(10) School Board or Other Political Subdivision PAC (11)	Bailot issue (including committee involved in multiple city/county ballot issues)
COMMITTEE TREASURER (mandatory for all committees)	COMMITTEE CHAIR (mandatory except for a candidate's committee)
TOM HEIDENWIRTH	Name ↓ ↓
MUBINORTH BLUFF	Mailing Address ↓ ↓
GREENE, A 50036 Ode 1	City, State ↓ ↓ Zip Code ↓ ↓
Phone (641) 816-4221	There ()
e-Mail thjtski@netscape.net	Phone ()
INDICATE PURPOSE OF COMMITTEE - Check One Bo	ox Advocate for/against candidate(s) Advocate for ballot issue(s)
Comment of description.	Advocate against ballot issue/s)
All Candidates Entry Office Sought: SUPERVISOR	County/Local Candidates and Ballot Issue Committees Enter:
	County: BUTLER
Political Party (if applicable) REPUBLICAN	(if active in multiple ballot issue elections, attach list of counties
District: 2	Date of Election: JUNE 8TH
Year Standing for Election: 2010 Bank Account Name (must match committee name)	
1 the state (must mater committee many)	Candidate name & Address or Parent Entity (PACs, if applicable). Affiliate, or Sponsor
ELECT TOM HEIDENWIRTH FOR SUPERVISOR	
Name of Financial Institution/type of Account	Mailing Address ↓ ↓
LINCOLN SAVINGS BANK	1 -
Mailing Address ↓ ↓	708 NORTH BLUFF City
111 E. TRAER ST.	
	GREENE IA 50636
City ↓ ↓ State ↓ ↓ Zip ↓ GREENE IA 50636	Phone (641) 816-4221
7, 00000	e-Mail thjtski@netscape.net
	O little
STATEMENT OF AFFIRMATION: By filing this document the con	nmittee affirms the following:
	•
rules in Chapter 351 of the lowa Administrative Code.	lerstand that they are subject to the laws in Iowa Code chapters 68A and 68B and the administrative
2. That lowa Code section 68A,402 and rule 3514.9 require the filin	ng of disclosure reports and that the failure to file these reports on or before the required due dates
subjects the candidate or chairperson (in the case of committees othe imposition of other criminal and civil sanctions.	er than a candidate's committee) to the automatic assessment of a civil penalty and the possible
 That I owe Code section 88A.405 and rules 351—4.38 through 4.4: materials except for those items exempted by statute or rule. A commodoes not intend to cross the \$750 filing threshold shall file the Form D 	3 require the placement of the words "paid for by" and the name of the committee on all political nittee that wishes to register a committee name for purposes of using the shorter "paid for by" and IRASEA form in the of filing this form
	2 prohibit the receipt of corporate contributions by all committees except for ballot issue PACs.
	aign funds as permitted by lowa code sections 68A.301 through 68A.303 and rule 351—4.25.
	activity has ceased, committee funds spent, debts resolved, and a final report and a statement of
fon E. Henden carioth	5-19-7010

S.q

5-19-2010 Date Signed